

Request for APPOINTMENT OF MUNICIPAL EMERGENCY MANAGEMENT COORDINATOR

INSTRUCTIONS

1. You must request a Criminal Records Check for all who are recommended for appointment by completing a Pennsylvania State Police Form SP 4-164, "Request for Criminal Record Check". You must then attach the results to this form. Form SP 4-164 is available on the internet at <http://www.portal.state.pa.us/portal/server.pt?open=512&objID=4451&&PageID=458621&level=2&css=L2&mode=2> or you may request a Criminal History Check Online utilizing the PATCH System.
2. Complete Part I (please type or print legibly).
3. Submit original to the COUNTY Emergency Management Coordinator.
4. Retain a copy for your files.

PART I

Municipality Information:

Municipality: _____

Municipal Office Address:

City _____ State PA Zip _____

Municipal Telephone Number:

(____) _____

Municipal Fax Number:

(____) _____

Previous Municipal Coordinator:

Appointment Date of Previous Coordinator:

Recommended Appointee Information:

Full Name: _____

Appointee's Home Address:

City _____ State _____ Zip _____

Appointee's Home Telephone Number:

(____) _____

Appointee's Email Address:

Appointee's Date of Birth:

Appointee's Social Security Number:

____-____-____

The above recommendation is of record in the Minute Books of the Municipality and was made with due consideration of the qualifications of the above-recommended citizen and is subject to approval of the County, the Pennsylvania Emergency Management Agency, and the Governor of the Commonwealth of Pennsylvania.

Signature (Secretary/Manager)

Title

Print Name

Date

PART II *(to be completed by County Emergency Management Coordinator)*

Signature

County

Print Name

Date

PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK

**FOR CENTRAL REPOSITORY USE ONLY
(LEAVE BLANK)**

**PART I: TO BE COMPLETED BY REQUESTER
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)**

DATE OF REQUEST

***** TYPE OR PRINT LEGIBLY WITH INK *****

NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME	
ADDRESS	
CITY	

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

- INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: “ COMMONWEALTH OF PENNSYLVANIA.” THE FEE IS NONREFUNDABLE.
- FEE EXEMPT NONCRIMINAL JUSTICE AGENCY
- *** DO NOT SEND CASH OR PERSONAL CHECK *****

NAME/SUBJECT OF RECORD CHECK (LAST)		(FIRST)	(MIDDLE)	
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

- EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING) ELDER CARE CHILD CARE SCHOOL DISTRICT
- ADOPTION/FOSTER CARE
- OTHER (SPECIFY)

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

- INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE—ENTIRE CRIMINAL HISTORY
(AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

<p>REQUESTER CHECKLIST</p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?</p> <p align="center">*** DO NOT SEND CASH OR PERSONAL CHECK ***</p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO</p> <p align="center">PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday – Friday)</p>
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PART II: CENTRAL REPOSITORY RESPONSE ONLY *****DO NOT WRITE BELOW THIS LINE*****

<p>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p> <p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.</p> <p><input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME</p>	<p>INQUIRY DISSEMINATED BY</p> <p>SID NUMBER</p>
<p>CERTIFIED BY</p> <p align="right">(DIRECTOR, CENTRAL REPOSITORY)</p>	

This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.

Local Coordinators Contact Sheet

Municipality _____
EOC Location _____
EOC Phone/Fax _____

EMC Contact Name _____ *Title* _____
Address: _____
Daytime Phone _____ *Ext.* _____
Night Phone _____
Mobile Phone _____
Pager _____
Fax _____
E-Mail _____

Deputy Contact Name _____ *Title* _____
Daytime Phone _____
Night Phone _____
Mobile Phone _____
Pager _____
Fax _____
E-Mail _____

Deputy Contact Name _____ *Title* _____
Daytime Phone _____
Night Phone _____
Mobil Phone _____
Pager _____
Fax _____
E-Mail _____

Special Instruction:

Updated:

Lehigh Co Photo ID and Notification Collection Form

Please Print:	Version 1.0 (5/12/23)		
Last Name	First Name	Middle Initial	
Address (Street Name & Number)		Apt. #	Date of Birth
City	State	Zip Code	Last 4 digits of SSN
Employer Name			
Employer Address (Street Name & Number)			
Employer City		Employer State	Employer Zip Code
Regional Affiliation (Please Circle or Check all that apply)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:
Contact Information (indicate order to attempt contact 1 thru 10)			
Order			
	Business Phone 1		
	Business Phone 2		
	Email Address 1		
	Email Address 2		
	Home Phone		
	Cell Phone 1		
	Cell Phone 2		
	Other Phone		
	Fax		
	SMS Device		
	Alpha Numeric Pager		
Authorizing Signature		Date	Printed Name

Municipal Coordinator Duties

In accordance with Title 35, a municipal coordinator is appointed by the Governor upon the recommendation of the executive officer or governing body of the municipality. The municipal coordinator reports directly to the executive of the municipality. The coordinator shall be professionally competent and capable of exerting leadership, planning, training and effecting coordination among operating agencies of government and controlling coordinated operations. Without a doubt, the most important responsibility of municipal officials, and the municipal coordinator, is to coordinate disaster response efforts during the first 24 to 72 hours after any emergency. The municipal coordinator has a major role to play in helping the community and residents achieve the proper level of preparedness, response, recovery and mitigation activities for whatever may affect the municipality. The municipal coordinator must create interest, motivate and involve the community in these activities and keep elected officials informed and involved with these preparations. Each coordinator should use the resources available at county and state level and within the community to assist with these responsibilities.

The municipal coordinator should be very competent in:

- operating a computer and/or tablet
- Microsoft Office products
- internet
- email

Duties:

1. Prepares and maintains an EOP for the municipality subject to the direction of the elected officials; reviews and updates as required. Develop and keep current emergency response checklists appropriate for the emergency needs and resources of the community
2. Maintains coordination with the county EMA, and provides prompt information in emergencies, as available.
3. Coordinates with the county EMA, identifies hazards and vulnerabilities that may affect the municipality; recommends mitigation measures to reduce disaster effects; participates in the County Hazard Mitigation Team and assists in pre-disaster mitigation planning and grant submission efforts.
4. Identifies resources within the municipality that can be used to respond to a major emergency or disaster situation and requests needed resources from the county EMA.
5. Develops, maintains and ensures certification of trained staff to work in the municipal emergency operations center (EOC) when activated.
6. Mobilizes the municipal EOC and acts as the Command function within the incident Command System (ICS) structure in the EOC during an emergency/disaster.
7. Compiles cost figures for the conduct of emergency operations.
8. Attends training, workshops and seminars provided by municipal officials, county and other sources to maintain proficiency and currency in emergency management and emergency response planning and procedures.
9. Maintains current appropriate plans, procedures, guidance and laws issued by the county, PEMA and the Commonwealth within the EOC; has knowledge of the federal and state required plans for the jurisdiction and coordinates with all applicable agencies dealing with emergencies at dams, chemical and nuclear plants, schools, day cares, hospitals, prisons, nursing home facilities and special events.
10. Manages and mobilizes the equipment and staff of the municipal emergency operations center (EOC) when appropriate and as directed by the municipal elected officials.

11. Provides prompt and accurate information regarding municipal disaster emergencies to the appropriate municipal, county, and Commonwealth officials and the general public.
12. Participates in all tests, drills and exercises, including remedial drills and exercises that pertain to the municipality, as scheduled by the county or Commonwealth.
13. Participates in the integrated flood warning systems program as applicable for the municipality.
14. Develops mutual aid agreements, as applicable, with adjacent municipalities.
15. Encourages and ensures municipal officials declare disaster emergencies when needed and sends the signed disaster declaration to the county EMA.
16. Conducts damage reporting/assessment and expeditiously, within 24-hours of a disaster; provides the information to the county emergency management coordinator or the county EOC if activated.
17. Responds to the location of a disaster as requested by municipal officials or the county emergency management coordinator.
18. Attains basic and advanced certification in accordance with PEMA Directive 2017-02 and Title 35.
19. Ensures municipality is compliant with the components of the National Incident Management System (NIMS).
20. Other duties as assigned by municipal elected officials